

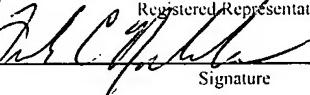
DFW

I hereby certify that this correspondence is being deposited with the
United States Postal Service as first class mail in an envelope addressed to:
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22202-1450,
September 29, 2004

(Date of Deposit)

FRANK C. NICHOLAS (33,983)

Name of applicant, assignee or
Registered Representative



Signature

September 29, 2004

Date of Signature



PATENT
Case No. P1482 US
(2650/81)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

MARVIN J. CERVANTES

Serial No.: 10/829,506

Examiner:

Filed: APRIL 22, 2004

Group Art Unit: 3731

For: PROTECTIVE ELONGATED SLEEVE FOR
STENT SYSTEMS

37 C.F.R. 1.33
CHANGE OF CORRESPONDENCE ADDRESS

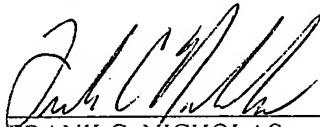
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22202-1450

Dear Sir:

Applicant requests a change of correspondence address to:

MEDTRONIC VASCULAR, INC.
3576 Unocal Place
Santa Rosa, CA 95403
Customer No.: 28390

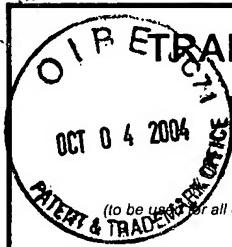
Respectfully submitted,



FRANK C. NICHOLAS
Registration No. (33,983)
Attorney for Applicant

Dated: September 29, 2004

CARDINAL LAW GROUP
1603 Orrington Avenue, Suite 2000
Evanston, IL 60201
Tel: (847) 905-7111
Fax: (847) 905-7113



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Attorney Docket No.	P1482 US (2650/81)
Application Number	10/829,506
Filing Date	APRIL 22, 2004
First Named Inventor	MARVIN J. CERVANTES
Group Art Unit	3731
Examiner	

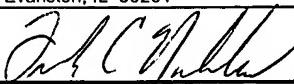
ENCLOSURES (check all that apply)

<input type="checkbox"/> Amendment	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Drawings:	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input checked="" type="checkbox"/> Post Card Receipt
<input type="checkbox"/> Extension of Time Request (duplic)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input checked="" type="checkbox"/> 37 C.F.R. 1.33 Change of Correspondence Address	<input type="checkbox"/>
<input type="checkbox"/> Information Disclosure Statement, PTO-1449, art	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/>
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Request of Refund	<input type="checkbox"/>
	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 01-2525 (MEDTRONIC VASCULAR, INC.). A duplicate copy of this sheet is enclosed.	
	<input checked="" type="checkbox"/> I hereby petition under 37 CFR § 1.136(a) for any extension of time required to ensure that this paper is timely filed. Please charge any associated fees which have not otherwise been paid to Deposit Account No. 01-2525 (MEDTRONIC VASCULAR, INC.). A duplicate copy of this sheet is enclosed.	

CALCULATION OF FEE

	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Small Entity	Large Entity
Total		Minus		0	Rate	Add'l Fee
Indep.		Minus		0	x \$9=	0
First Presentation of Multiple Dep. Claim					x \$43=	0
					+\$145=	---
					total add'l fee	\$ 0
					Rate	Add'l Fee
					x \$18=	
					x \$86=	
					+\$290=	
					total add'l fee	\$ 0

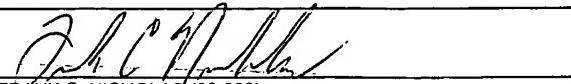
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	FRANK C. NICHOLAS Registration No. 33,983 CARDINAL LAW GROUP 1603 Orrington Avenue, Suite 2000 Evanston, IL 60201
Signature	
	Date <u>September 29, 2004</u>

MEDTRONIC CUSTOMER NO.: 28390

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22202-1450 on this date: September 29, 2004

Signature		Date: <u>September 29, 2004</u>
	FRANK C. NICHOLAS (33,983)	